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Health Committee, to create this discussion in a vacuum, because that is useless. This process is designed, and we have tried through the process of amendments--and I have offered another amendment today to further clarify that process--to ensure that this discussion is a public discussion statewide. Because we all have a vested interest in this outcome, no matter whether you're a recipient of Medicaid services, no matter whether you're a state senator who's trying to manage the system as far as the costs, or whether you're a citizen of the state of Nebraska who's out making a living and paying the taxes that we as Legislature have set. Specifically, as you go through the amendment, there are certain things that are designed to be purposes that we should accomplish through this discussion. We should be looking at providing alternatives and flexibility under our current Medicaid system. Where does that come from? I introduced an interim study, LR 318. LR 318 was designed to create a weighted system. We currently have individuals in the state of Nebraska who are trapped in the Medicaid system. Maybe you have a part-time job and you have some young children, your employer doesn't provide you health insurance. You turn to the state of Nebraska and Kids Connection for that health insurance for your children. But as you become more successful and as you move through the system, your income grows. Maybe it's a promotion at your job. And you get to the point where you lose all of your possible benefits under the Medicaid system because you have reached this drop-off level. And there is no encouragement and there is no incentive for you to advance, because our system is a deterrent from you being able to be successful professionally and still being able to meet the needs that you have personally. That should be included. That is in LR 318 that was introduced. On page 2 of the committee amendment, subsection...Section 3, sub (4): "provide alternatives to medicaid eligibility for Nebraska residents." We have some fantastic federally qualified health centers that can be a part of this discussion. I know because they have asked to be a part of the discussion. We have public health districts. We even have the opportunity, hopefully, through this discussion, to work with private insurance providers to determine if there is a more appropriate way to meet the needs of some of the individuals who currently have nowhere else to turn. The entire cost of the system must be reviewed as we go